

legislatures and citizens are debating how their settlements should be spent. While a great deal of these proposals may be admirable, some are not targeted to improving health care and control tobacco, as intended by the settlement.

According to the Campaign for Tobacco Free Kids, approximately 5,000 children in Rhode Island each year become new daily smokers and 35% of high school students smoke. Nearly one million packs of cigarettes are sold to minors in Rhode Island each year. If current trends continue, it is estimated that 23,000 of Rhode Island's children will later die from smoking. On behalf of the children in my state and the countless children and adults throughout this nation who are negatively impacted by smoking, I urge the fifty governors, state legislators and citizens to work together to ensure this federal money is invested wisely in tobacco control and public health.

THE FORMATION OF THE ALLIANCE OF AUTOMOBILE MANUFACTURERS

HON. FRED UPTON

OF MICHIGAN

HON. DALE E. KILDEE

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Tuesday, May 18, 1999

Mr. UPTON. Mr. Speaker, as the co-chairs of the Congressional Automobile Caucus, we rise to recognize the newly formed Alliance of Automobile Manufacturers on the occasion of the inaugural meeting of its Board of Directors.

In Washington today, we hear a lot about reinvention. The Alliance is a perfect example of a major industry "reinventing" itself to reflect new world realities. The American auto industry has undergone a remarkable transformation in the past few years with the mergers and alliances between U.S. manufacturers and manufacturers around the globe. While its predecessor organization was composed of solely U.S. companies, the new Alliance embodies the global market place, with 10 member companies from around the globe.

The Alliance of Automobile Manufacturers, an international coalition of car and light truck manufacturers, was formed this past January. The member companies include BMW, DaimlerChrysler, Fiat, Ford, General Motors, Mazda, Nissan, Toyota, Volkswagon, and Volvo. The new trade association created by this powerful Alliance of automobile manufacturers promises to be an organization that is nimble enough to respond to rapidly changing issues that reach across the ever-shrinking global marketplace.

Members of the Alliance have gone on the public record as committed to developing constructive approaches. Moreover, the Alliance pledges to work with government and other stakeholders to find sensible and effective solutions to shared concerns. We have already witnessed this constructive approach to issues. On May 1, President Clinton unveiled EPA's proposed "Tier 2" standards to reduce vehicle emissions and sulfur content in fuel. Prior to this announcement, the Alliance had called for reduction in nitrogen oxide emissions and sulfur-free fuel to provide cleaner cars and cleaner air. EPA's proposal and the

Alliance are similar. The Alliance generally supports the clean air targets that EPA has proposed, including cars and trucks meeting the same average standards for nitrogen oxides.

The Alliance companies operate 255 manufacturing facilities in 33 states. They produce more than 90% of all new vehicles sold each year in the United States.

The Alliance stands ready to provide its views and comments on automotive concerns to Members of Congress as we debate issues of importance to the industry and consumers. It has a dedicated staff of professionals, led by Josephine Cooper, who have a long record of experience and knowledge of automobile issues.

A key component to developing good public policy is having an open dialogue with groups impacted by our decisions. We are confident that the Alliance and its member companies will play a vital role in developing creative and constructive solutions to the issues before the Congress.

IN HONOR OF THE GENESIS CLUB AND THE VISIT OF MRS. ROSALYNN CARTER

HON. JAMES P. MCGOVERN

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, May 18, 1999

Mr. MCGOVERN. Mr. Speaker, I rise today in tribute to The Genesis Club of Worcester, Massachusetts and note the visit on May 19, 1999, of former First Lady Rosalynn Carter to the club.

The Genesis Club was founded in 1988 by a small group of local business leaders and professionals whose family members were struggling with mental illness. Since its founding, The Genesis Club has developed a comprehensive model of support and rehabilitation in which participants are not patients or clients, but members who participate fully in management, employment, and therapeutic services and programs. The Genesis Club works to encourage and empower individuals with mental illness to function and maintain independence in their living, working, and social environments. Since its founding ten years ago, The Genesis Club has helped more than 800 individuals cope with mental illness through its supportive atmosphere, which fosters vocational and social development, embraces individuals, and leads to personally satisfying and socially productive lives. I and my fellow residents of Worcester and the Third Congressional District of Massachusetts are understandably proud of The Genesis Club, their programs, and their accomplishments.

On May 19, 1999, The Genesis Club will warmly welcome former First Lady Rosalynn Carter, who, throughout her public service career, has been a driving force in the field of mental health. It was while Mrs. Carter was serving as active honorary chair of the President's Commission on Mental Health during the Carter Administration that the Mental Health System Act of 1980 was passed. In addition, in 1982, President and Mrs. Carter founded the Carter Institute, which strives to relieve suffering in our country and around the world by focusing on the cause and consequences of war, hunger, poverty, and

human rights abuses. I thank Mrs. Carter for the support and encouragement her visit will bring to The Genesis Club.

Therefore, I rise today both in tribute of The Genesis Club of Worcester, Massachusetts, and their efforts on behalf of those suffering from mental illness, and former First Lady Rosalynn Carter, who, by her visit, honors both my district and The Genesis Club.

MEDICARE REHABILITATION BENEFIT IMPROVEMENT ACT OF 1999

HON. BENJAMIN L. CARDIN

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Tuesday, May 18, 1999

Mr. CARDIN. Mr. Speaker, I rise along with my colleagues FRANK PALLONE, JIM MCCRERY, and RICHARD BURR, to introduce the Medicare Rehabilitation Benefit Improvement Act of 1999. This legislation is an urgently needed, common sense approach that will help repair a damaging provision passed by Congress nearly two years ago.

In recent years, cost pressures on the Medicare program have resulted in Congress imposing \$115 billion in cuts on the Medicare program through the Balanced Budget Act of 1997. As a result, we have seen sharp reductions in payments for the elderly's care. Some of these cuts can be absorbed by our health care system. Others, however, cannot, and are having a devastating impact on the quality of patient care being delivered to the most frail, sickest Medicare beneficiaries. The Congressional Budget Office has just reported that actual BBA cuts to Medicare will exceed by billions of dollars what Congress intended for the five years from 1998 through 2002. It is time to look at what Congress actually did, and where appropriate, make necessary changes.

BBA imposed annual \$1,500 caps on Part B outpatient rehabilitative services—one for physical therapy and speech-language pathology, and one for occupational therapy—provided outside the hospital setting. In practice, these limits ignore a patient's clinical requirements and restrict care for those who suffer from the most debilitating diseases, such as stroke, hip fracture, or ALS, and those who incur multiple injuries in a given year. And because the caps are not adjusted for cost variations across the nation, they disproportionately harm beneficiaries in high cost areas. Finally, because the new consolidated billing rules imposed by BBA require all filing for patients in skilled nursing facilities to be done by the facility itself, those facilities that provide adequate therapy services to their sickest patients feel the brunt of the payment limits.

When BBA was being written and debated, Congress held no hearings to examine what the impact of these arbitrary limits might be on patient care. The caps were a crude budget cutting measure designed to deliver savings—\$1.7 billion over five years. And in that regard, they were successful. The therapy caps were implemented on January 1, 1999. Since that time, I have heard that in my district, some Medicare beneficiaries in SNFs have already exceeded their limit. Some estimates indicate that one of every six beneficiaries who receive rehabilitative care outside